



SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION

RE 413 (Rev. 10/07)

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the Department of Real Estate (DRE) provides "reasonable accommodations" for examination applicants with disabilities. It is the applicant's responsibility to notify DRE of alternative arrangements needed. DRE will provide special accommodations once your accommodation needs are documented. The information requested below and any documentation regarding your disability will be considered strictly confidential and will not be shared with any outside source without your express written permission.

If your disability is *observable* and your request does not involve modifying examination procedures, but is limited to wheelchair space, special seating or equipment needs, it is not necessary to obtain professional verification.

If your disability is *clearly not observable*, you are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to the DRE on the letterhead stationery of the medical authority or specialist that includes the following:

- Description of the disability and testing needs
- Recommended accommodation/modification

DRE RECEIVED DATE

- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

If you have previously been granted special testing accommodations by an organization that required documentation to verify your disability, the DRE may accept a copy of the verification, provided you submit the name, address and telephone number of the medical authority, specialist or learning institution that prepared the documentation. Complete the verification section on the reverse side of the form.

Note: DRE normally conducts examinations in public buildings that are wheelchair accessible. If you have any questions or need assistance determining whether you may require special accommodations, you may contact DRE at (916) 227-0900.

APPLICANT INFORMATION

NAME OF EXAMINEE (PLEASE PRINT)

RESIDENCE ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)

BUSINESS ADDRESS (STREET ADDRESS, CITY, STATE AND ZIP CODE)

BUSINESS TELEPHONE NO. (INCLUDE AREA CODE)

RESIDENCE TELEPHONE NO. (INCLUDE AREA CODE)

TYPE OF DISABILITY

IS YOUR DISABILITY OBSERVABLE?

YES ☐ NO ☐

IS YOUR DISABILITY CONSIDERED PERMANENT OR TEMPORARY ?

PERMANENT ☐ TEMPORARY ☐

ACCOMMODATION(S) REQUESTED

Check any special accommodations you require (requests must concur with documentation submitted):

☐ Wheelchair Access☐ Extended Testing Time Request*Standard Testing Times*☐ Reader (as accommodation for visual impairment)*

* Salesperson Exam: 3 hours, 15 minutes

* Broker Exam: 2 sessions; 2 hours, 30 minutes each

☐ Reader (as accommodation for learning disability)**Additional Time Requested:* _____☐ Writer/Marker(as accommodation for physical disability)*☐ Other: _____

* An Exam Reader/Writer/Marker is to be suggested by the Examinee. For the approval of any Reader/Writer/Marker, an applicant must submit form "Examination Reader and/or Writer/Marker Request and Certification" (RE 407). This form must be completed in full and signed by the exam applicant and the Reader/Writer/Marker. The RE 407 must be returned to DRE with the Examination Application and supporting documentation. The final approval of the Reader/Writer/Marker rests with the DRE and the DRE reserves the right to deny approval of suggested Reader/Writer/Marker or to provide a Reader/Writer/Marker in lieu of applicant's request.

Continued on reverse side

VERIFICATION

Check one of the following:

1. ☐ Applicants requiring *initial* verification:
 - **Prior to submitting your application to DRE**, contact the necessary medical authority, specialist or organization you wish to verify your disability and request that the documentation listed in the "Accommodations Requested" section of this form be sent to you.
 - **Submit the following items to DRE as a package:**
 - 1) One of the following forms:
 - a) Salesperson Examination Application (RE 400A)
Salesperson Examination Change Application (RE 415A)
Salesperson Exam/License Application (RE 435)
 - b) Broker Examination Application (RE 400B)
Broker Examination Change Application (RE 415B)
Broker Exam/License Application (RE 436)
 - 2) Appropriate Fee

	Salesperson	Broker
Examination	\$ 25	\$ 50
Combined Examination/License Application	\$145	\$215
Re-Examination	\$ 25	\$ 50
Rescheduled Exam (e) (1st time only)	\$ 10	\$ 15
Rescheduled Exam (e) (additional reschedules)	\$ 25	\$ 25
 - 3) Special Accommodation Request for Examination (RE 413)
 - 4) Verification of Disability from your medical provider
 - 5) Exam Reader and/or Writer Request and Certification (RE 407) – *if applicable*
 - **Send this package to the following address (do not attempt to schedule a reasonable accommodation examination via our Web site, as eLicensing does not provide such service):**
 Department of Real Estate
 Attn.: Exams Section — Reasonable Accommodations Desk
 P.O. Box 187001
 Sacramento, CA 95818
2. ☐ Applicants with verification on file *within the past two years*:
 - Special Accommodation Request for Examination (RE 413)
 - Attach a copy of the previous verification of your disability. **Please note that if you have a permanent disability with supporting documentation on file with the DRE within the past 2 years, you are not required to resubmit this verification.**
 - Provide the information of the medical authority or specialist who verified your disability:
 Name: _____
 Address: _____
 Telephone No.: _____

All requests are considered on a case by case basis and it may be necessary for DRE to contact you regarding specific arrangements at the daytime phone number below. You will receive written confirmation once all arrangements have been made.

CERTIFICATION

I certify under penalty of perjury under the laws of California that the foregoing is true and correct.

ORIGINAL SIGNATURE OF APPLICANT	DATE
PRINTED NAME OF APPLICANT	DAYTIME PHONE NO.

PRIVACY INFORMATION: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798. et. seq.), notice is hereby given for the request or personal information to facilitate the processing of this form. The requested information is voluntary. The principal purpose of voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of IRA of 1977.

FOR DRE USE ONLY

<input type="checkbox"/> APPLICANT CONTACTED <input type="checkbox"/> DOCUMENTATION VERIFIED <input type="checkbox"/> APPROVED	<input type="checkbox"/> EXAMINATION(S) SCHEDULED SITE & EXAM(S): _____ DATE(S) & TIME(S): _____	<input type="checkbox"/> ACCOMMODATION LETTER SENT <input type="checkbox"/> SITE NOTIFIED
<input type="checkbox"/> DENIED		